

# INFORMATION ONLY



## 2018-2019 Cities Readiness Initiative (CRI) - Performance Tracking

### Demographics

|                   |              |                   |                        |                             |                            |
|-------------------|--------------|-------------------|------------------------|-----------------------------|----------------------------|
| Budget Period:    | Budget Year: | Sub-awardee type: | Sub-awardee contacted: | Sub-awardee contact number: | Sub-awardee email contact: |
| SELECT            | SELECT       | SELECT            | NAME                   | 000-000-0000                | EMAIL ADDRESS              |
| Sub-awardee name: |              |                   | Healthcare coalition:  | PHEP Region:                |                            |
| CRI NAME          |              |                   | SELECT                 | SELECT                      |                            |

### Scoring information and instructions:

Ratings are determined as follows: **0-** Non-Compliant, No Program or Process exists; **1-** Non-Compliant, Program or Process exists, but not attempted; **2-** Non-Compliant- Program or Process exists, but serious faults or gaps are present; **3-** Non-Compliant- Provisional, Program or Process exists with correctable gaps that hamper completion or was an oversight on the part of the Reviewed Partner; **4-** Compliant-Provisional, (also called a *minor Finding*) minor gaps that do not hamper completion of the Task; **5-** Compliant, Department is in compliance with the work plan requirement. **NOTE- 0-3 will require a Major Finding note in the Overall Review, 4 will require a Minor Finding note.**

All work plan and AOE information will be added to the tracker as it is reported to KDHE Preparedness. All dates are either dates of completion or are reporting dates. All meetings will need to be recorded as the date of the meeting. Deliverables need to be recorded as the date received. In the case of activities that have due dates but are part of the quarterly reporting, the completion date and the submission date will need to be recorded. Attendee information can be added to the remarks sections where applicable. This document is adjustable. Enlargement of the various work plan blocks is encouraged.

### Disclaimer:

***This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.***

### Programmatic Progress Tracking

Source: quarterly work plan updates, work plan activity outputs

The funds from this Agreement will be used for CRI planning, training, and exercising in the Kansas counties located within the Kansas City Metropolitan Statistical Area jurisdictions (MSA). The Kansas City CRI Region shall perform all tasks required in the work plan as listed below:

|   |          |         |  |                      |                      |
|---|----------|---------|--|----------------------|----------------------|
| Item:   | ADMIN    | Output: | Multiple validation sources/types required | Reporting frequency: | Quarterly            |
| Work plan activity:   |          |         |  |                      | Score:               |
| The sub-awardee will submit quarterly updated work plans and quarterly affidavits of expenditures/ FSRs no later than the 15th of the month following the end of the quarter to KDHE Preparedness. (Administrative) |          |         |  |                      | <b>0</b><br>of<br>20 |
| Quarter 1 Date:   | Score:   | Notes:  | Review Date: 00/00/0000                    |                      |                      |
| 00/00/0000  | <b>0</b> |         |  |                      |                      |
| Approved:   | of       |         |  |                      |                      |
| SELECT  | 5        |         |  |                      |                      |
| Quarter 2 Date:   | Score:   | Notes:  | Review Date: 00/00/0000                    |                      |                      |
| 00/00/0000  | <b>0</b> |         |  |                      |                      |
| Approved:   | of       |         |  |                      |                      |
| SELECT  | 5        |         |  |                      |                      |
| Quarter 3 Date:   | Score:   | Notes:  | Review Date: 00/00/0000                    |                      |                      |
| 00/00/0000  | <b>0</b> |         |  |                      |                      |
| Approved:   | of       |         |  |                      |                      |
| SELECT  | 5        |         |  |                      |                      |
| Quarter 4 Date:   | Score:   | Notes:  | Review Date: 00/00/0000                    |                      |                      |
| 00/00/0000  | <b>0</b> |         |  |                      |                      |
| Approved:   | of       |         |  |                      |                      |
| SELECT  | 5        |         |  |                      |                      |

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|  |  |   |
|--|--|---|
| Item: <b>1</b>   | Output: Multiple validation sources/types required   | Reporting frequency: As contracted            |
| Work plan activity:  |  | Total Score: <b>0</b> of 20                   |
| 1. Each county should conduct the following in order to comply with dispensing and distribution standards. |  |   |
| A  | Each county will be required to conduct improvements as outlined in county specific Medical Countermeasures Operational Readiness Review (MCM ORR) technical assistance plan provided by the Centers for Disease Control and Prevention or KDHE as documented by quarterly status updates provided to the CRI Regional Coordinator.  |   |
|  | Date improvements were conducted by each county:   |   |
|  | 00/00/0000   | 00/00/0000                                    |
|  | 00/00/0000   | 00/00/0000                                    |
| B  | Submit Jurisdictional Data Sheets (JDSs) to KDHE using the approved CDC process by <b>May 13, 2019</b> . If necessary, submit JDS's directly to CDC by <b>June 1, 2019</b> .   |   |
|  | (Reporting County)   | 1st date: 00/00/0000<br>2nd date: 00/00/0000  |
|  | (Reporting County)   | 1st date: 00/00/0000<br>2nd date: 00/00/0000  |
|  | (Reporting County)   | 1st date: 00/00/0000<br>2nd date: 00/00/0000  |
| C  | Conduct the following three DSLR drills annually within each county, as outlined below:  |   |
|  | 1 Staff notification and assembly  | (Reporting County)                            |
|  | 2 Facility setup   | (Reporting County)                            |
|  | 3 Site activation  | (Reporting County)                            |
| D  | Participate in at least one full-scale exercise conducted within the five year performance period of 2017-2022 that tests and validates medical countermeasure and distribution and dispensing plans and in accordance with HSEEP ( <i>*Must be developed in accordance with <b>Homeland Security Exercise and Evaluation Program (HSEEP)</b> standards including submitting the following: 1) Mid-Term Planning Conference, 2) MSEL, 3) Performance Measures, 4) Exercise Evaluation Guides, and 5) After-action Report and Improvement Plan. Each jurisdiction must be represented in the exercise planning and development.</i> ) Each CRI MSA dispensing exercise must include pertinent jurisdictional leadership and emergency support function leads, planning, and/or operational staff in the exercise planning process and must incorporate participation from all CRI regional jurisdictional partners, including all healthcare coalition(s) encompassed by the associated CRI metropolitan region in some form based on current capability assessment and needs. This exercise must meet all target measures and metrics as outlined by DSLR. |   |
|  | Planning conference date: 00/00/0000   | MSEL information: (MSEL listing)              |
|  | Performance measures: (PM listing)   |   |
|  | Exercise evaluation guides provided? Yes or No   | Date AAR/IP was submitted to KDHE: 00/00/0000 |
| Score: 0   | Jurisdictions involved: (jurisdiction listing)   |   |

|  |  |                                |
|--|--|--------------------------------|
| Item: <b>2</b>   | Output: Attendee and/or date required for validation | Reporting frequency: Quarterly |
| Work plan activity:  |  | Score: <b>0</b> of 20          |
| Each county shall send a staff member, either by conference line or in-person, to attend the local CRI regional meetings at least quarterly. |  |                                |
| Quarter 1 Date: 00/00/0000   | Score: <b>0</b> of 5                                 | Notes: Review Date: 00/00/0000 |
| Approved: SELECT   |  |                                |
| Quarter 2 Date: 00/00/0000   | Score: <b>0</b> of 5                                 | Notes: Review Date: 00/00/0000 |
| Approved: SELECT   |  |                                |
| Quarter 3 Date: 00/00/0000   | Score: <b>0</b> of 5                                 | Notes: Review Date: 00/00/0000 |
| Approved: SELECT   |  |                                |
| Quarter 4 Date: 00/00/0000   | Score: <b>0</b> of 5                                 | Notes: Review Date: 00/00/0000 |
| Approved: SELECT   |  |                                |

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|   |   |   |
|---|---|---|
| Item: <b>3</b>  | Output: <b>Attendee and/or date required for validation</b>                   | Reporting frequency: <b>Quarterly</b>   |
| Work plan activity:<br>Each county shall attend quarterly MCM ORR Activity Plans conference call with the state and the semi-annual State-CRI meetings. |   | Total Score: <b>0</b> of 100  |
| County:   |   | Score: 0 of 20  |
| <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000   | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 |
| Attendee(s):  | Attendee(s):  | Attendee(s):  |
| County:   |   | Score: 0 of 20  |
| <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000   | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 |
| Attendee(s):  | Attendee(s):  | Attendee(s):  |
| County:   |   | Score: 0 of 20  |
| <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000   | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 |
| Attendee(s):  | Attendee(s):  | Attendee(s):  |
| County:   |   | Score: 0 of 20  |
| <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000   | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 |
| Attendee(s):  | Attendee(s):  | Attendee(s):  |
| County:   |   | Score: 0 of 20  |
| <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000   | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 | <b>Q1</b><br>State meeting:<br>00/00/0000<br>State-CRI meeting:<br>00/00/0000 |
| Attendee(s):  | Attendee(s):  | Attendee(s):  |

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|   |  |   |
|---|--|---|
| <b>Item:</b> 4  | <b>Output:</b>   | <b>Reporting frequency:</b> As contracted   |
| <p style="text-align: center;"><i>Each item is worth one point. Quarterly requirements are worth 4 points</i></p> <p style="text-align: right;"><b>Total points available: 41</b><br/><b>Total points this section: 0</b></p> |  |   |
| <b>A</b>  | Organize and conduct local CRI regional meetings at least quarterly; invite the KDHE Medical Countermeasures Program Manager (MCM PM) and CDC Project Officer; and provide a conference call option for those who cannot attend in-person.   | <div style="display: flex; justify-content: space-between;"> <div> <b>A</b><br/>Q1 Meeting: 00/00/0000<br/>Q2 Meeting: 00/00/0000<br/>Q3 Meeting: 00/00/0000<br/>Q4 Meeting: 00/00/0000 </div> <div> Invited MCM PM and CDC PO?<br/>Invited MCM PM and CDC PO?<br/>Invited MCM PM and CDC PO?<br/>Invited MCM PM and CDC PO? </div> <div> SELECT<br/>SELECT<br/>SELECT<br/>SELECT </div> </div>                                     |
| Score: 0  |  |   |
| <b>B</b>  | Meetings must be set up in KS-Train for required registration  | <b>B</b> KS-TRAIN course number: #XXXXXXXX  |
| Score: 0  |  |   |
| <b>C</b>  | Within 5 business days, following the date of the meeting, a draft of the meeting minutes <u>must</u> be provided to all members and KDHE.   | <div style="display: flex; justify-content: space-between;"> <div> <b>C</b><br/>Q1 Meeting date: 00/00/0000<br/>Q2 Meeting date: 00/00/0000<br/>Q3 Meeting date: 00/00/0000<br/>Q4 Meeting date: 00/00/0000 </div> <div> Provided KDHE and members:<br/>Provided KDHE and members:<br/>Provided KDHE and members:<br/>Provided KDHE and members: </div> <div> 00/00/0000<br/>00/00/0000<br/>00/00/0000<br/>00/00/0000 </div> </div> |
| Score: 0  |  |   |
| <b>D</b>  | Retain a copy of all meeting minutes for five years.   | <b>D</b> Are minutes being retained? SELECT   |
| Score: 0  |  |   |
| <b>E</b>  | Provide the MCM PM a quarterly summary of regional documentation that includes:<br><br><div style="display: flex; justify-content: space-between;"> <div> Affidavit<br/>Quarterly Meeting Agenda<br/>Quarterly Meeting Minutes </div> <div> Quarterly Sign-in Sheet<br/>Quarterly Updated Workplan<br/>Technical Assistance Document </div> </div> | <div style="display: flex; justify-content: space-between;"> <div> <b>E</b><br/>Q1 information provided:<br/>Q1 information provided:<br/>Q1 information provided:<br/>Q1 information provided: </div> <div> SELECT<br/>SELECT<br/>SELECT<br/>SELECT </div> <div> Date: 00/00/0000<br/>Date: 00/00/0000<br/>Date: 00/00/0000<br/>Date: 00/00/0000 </div> </div>   |
| Score: 0  |  |   |
| <b>F</b>  | Attend the semi-annual Statewide CRI meetings  | <b>F</b><br>Date: 00/00/0000<br><br>Date: 00/00/0000  |
| Score: 0  |  |   |
| <b>G</b>  | Collect and enter the three different DSLR drills within each planning jurisdiction in the DSLR Data Collection Reporting Suite (DCARS) and notify MCM PM of submission via email by May 13, 2019. Collaborate with the MCM PM to ensure appropriate deadline submissions are met and all required documentation has been submitted.               |   |
|   | County:  | County:   |
|   | Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT   | Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT  |
|   | County:  | County:   |
|   | Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT   | Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT  |
|   | County:  |   |
|   | Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT<br>Drill date: 00/00/0000 DCARS date: 00/00/0000 MCM PM date: 00/00/0000 Approved? SELECT   |   |
| Score: 0  |  |   |
| <b>H</b>  | Engage with counties and MCM PM to ensure KDHE involvement in implementation of improvements as identified in the county's MCM ORR technical assistance plan.  | <b>H</b> Remarks: (remarks)   |
| Score: 0  |  |   |
| <b>I</b>  | Assist the MCM PM and KDHE Training Coordinator to explore TEEX Mass Dispensing training availability for 100% of the 15 public health preparedness regions in partnership with the Kansas Division of Emergency Management Training Coordinator.  | <b>I</b> Assist dates: (dates)  |
| Score: 0  |  |   |

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|   |                                    |                          |                          |                          |  |
|---|------------------------------------|--------------------------|--------------------------|--------------------------|--|
| Total points available:<br><b>201</b>   | Total points received:<br><b>0</b> | Percentage:<br><b>0%</b> | Q1:<br><b>00/00/0000</b> | Q3:<br><b>00/00/0000</b> | Date of overall comments:<br><b>00/00/0000</b> |
| Programmatic validation by:<br><br><div> <div>_____</div> <div>Edward O. Bell, Preparedness Grant Compliance Coordinator, KDHE</div> </div> |                                    |                          |                          |                          | Date of validation:<br><br><b>00/00/0000</b>   |

Programmatic overall comments:

## Fiscal Accountability and Reporting Tracking

|                      |              |        |        |
|----------------------|--------------|--------|--------|
| <b>Quarter 1</b>     | Remarks:     |        |        |
| Date received:       | 00/00/0000   |        |        |
| Date approved:       | 00/00/0000   |        |        |
| Date to Budget:      | 00/00/0000   |        |        |
| Date of payment:     | 00/00/0000   |        |        |
| Payout acknowledged: | 00/00/0000   |        |        |
| Findings:            | SELECT       |        |        |
| Reviewed by:         | Approved by: | Score: | 0 of 5 |

|                      |              |        |        |
|----------------------|--------------|--------|--------|
| <b>Quarter 2</b>     | Remarks:     |        |        |
| Date received:       | 00/00/0000   |        |        |
| Date approved:       | 00/00/0000   |        |        |
| Date to Budget:      | 00/00/0000   |        |        |
| Date of payment:     | 00/00/0000   |        |        |
| Payout acknowledged: | 00/00/0000   |        |        |
| Findings:            | SELECT       |        |        |
| Reviewed by:         | Approved by: | Score: | 0 of 5 |

|                      |              |        |        |
|----------------------|--------------|--------|--------|
| <b>Quarter 3</b>     | Remarks:     |        |        |
| Date received:       | 00/00/0000   |        |        |
| Date approved:       | 00/00/0000   |        |        |
| Date to Budget:      | 00/00/0000   |        |        |
| Date of payment:     | 00/00/0000   |        |        |
| Payout acknowledged: | 00/00/0000   |        |        |
| Findings:            | SELECT       |        |        |
| Reviewed by:         | Approved by: | Score: | 0 of 5 |

|                      |              |        |        |
|----------------------|--------------|--------|--------|
| <b>Quarter 4</b>     | Remarks:     |        |        |
| Date received:       | 00/00/0000   |        |        |
| Date approved:       | 00/00/0000   |        |        |
| Date to Budget:      | 00/00/0000   |        |        |
| Date of payment:     | 00/00/0000   |        |        |
| Payout acknowledged: | 00/00/0000   |        |        |
| Findings:            | SELECT       |        |        |
| Reviewed by:         | Approved by: | Score: | 0 of 5 |

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Fiscal overall comments:

## Fiscal Accountability Scoring

|  |                        |                      |                    |                |                           |
|--|------------------------|----------------------|--------------------|----------------|---------------------------|
| Total points available:                            | Total points received: | Percentage complete: | Date of Screenings |                | Date of overall comments: |
| 20   | 0                      | 0%                   | Q1: 00/00/0000     | Q3: 00/00/0000 | 00/00/0000                |
|  |                        |                      | Q2: 00/00/0000     | Q4: 00/00/0000 |                           |
| Fiscal accountability validation by:               |                        |                      |                    |                | Date of validation:       |
|  |                        |                      |                    |                | 00/00/0000                |
| Joanna Lassley, Grant Management Coordinator, KDHE |                        |                      |                    |                |                           |

## Scorecard Scoring

|                        |                         |                     |                          |                   |                             |                   |
|------------------------|-------------------------|---------------------|--------------------------|-------------------|-----------------------------|-------------------|
| 2018-2019 Totals       | Programmatic available: | Programmatic total: | Programmatic percentage: | Fiscal available: | Fiscal total:               | Fiscal percentage |
|                        | 201                     | 0                   | 0%                       | 20                | 0                           | 0%                |
| Total available score: |                         |                     | Total score received:    |                   | Total percentage completed: |                   |
| 221                    |                         |                     | 0                        |                   | 0%                          |                   |

Overall comments:

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## Scorecard Validation

### KDHE Preparedness Compliance Coordinator

Date of final validation: Programmatic audit completed by:

00/00/0000

Edward O. Bell

Overall Compliance rating:

SELECT

Signature

### KDHE Preparedness Grants Management Coordinator

Date of final validation: Fiscal performance audit completed by:

00/00/0000

Joanna Lassley

Concurrence:

SELECT

Signature

### KDHE Preparedness Program Director

Date of final validation: Program validation by:

00/00/0000

Denise L. Kelly

Concurrence:

SELECT

Signature

### KDHE Bureau of Community Health Systems Director

Date of final validation: Bureau validation by:

00/00/0000

Concur:

Non-concur:

Signature

## Appeals Process

Date review returned to sub-awardee:

00/00/0000

The reviewed Agency has **30 business days** from receipt of the audit scorecard to submit, in writing, an Appeal to the Non-Compliance Findings. Submissions for an Appeal need to be remitted back to KDHE Preparedness, Attn: Grants Compliance Coordinator, at [kdhe.preparedness@ks.gov](mailto:kdhe.preparedness@ks.gov) no later than:

00/00/0000

Date of technical assistance:

00/00/0000

Date Appeal request received by KDHE:

00/00/0000

**KDHE Preparedness will take up to 45 days to review and research the work plan updates. Any findings will be addressed on the CRT Quarterly Audit form (C-151)**

Please state the reason for this Appeal and please provide any supporting documentation with this non-compliance Appeal request:

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|                                      |                    |                    |
|--------------------------------------|--------------------|--------------------|
| Date of audit appeal review by KDHE: | Compliance status: | Compliance Rating: |
| 00/00/0000                           | SELECT             | SELECT             |
| Appeal notes:                        |                    |                    |

## Appeals Validation

### KDHE Preparedness Compliance Coordinator

|                            |                                  |
|----------------------------|----------------------------------|
| Date of final validation:  | Programmatic audit completed by: |
| 00/00/0000                 | Edward O. Bell, PCC              |
| Overall Compliance rating: | Signature                        |
| SELECT                     |                                  |

### KDHE Preparedness Grants Management Coordinator

|                           |  |
|---------------------------|--|
| Date of final validation: | Fiscal performance audit completed by: |
| 00/00/0000                | Joanna Lassley                         |
| Concurrence:              | Signature                              |
| SELECT                    |  |

### KDHE Preparedness Program Director

|                           |                        |
|---------------------------|------------------------|
| Date of final validation: | Program validation by: |
| 00/00/0000                | Denise L. Kelly        |
| Concurrence:              | Signature              |
| SELECT                    |                        |

### Document retention statement:

Please retain this scorecard as part of the confirmation documentation that will be used to provide validation of the completion of this budget period's contracted work plan activities. This document, like all others generated as either compliance documents or as an outcome, will need to be retained by the sub-awardee for a period no less than five years, per the language of the contracted work plan.

### Disclaimer statement:

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.